ANNEXURE V

F M C NETWORK UAE

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842
Email – approval@fmchealthcare.ae Helpline Number: 600-565691

Medical Expenses Claim form

Date: 04-Jan-2025
Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1998-3568791-6
Card Holder's Name: MARY WANGARI MBIRI Age: 26Y - 2M - 22D Sex: Female
Card Holder's Tel No: Mobile No: 0556298488
Ins Card No: I005-010-121540510-01 Valid Upto: 30/9/2025
Company Name: FMC Standard Network Employee No: _____ Nationality: Kenyan

Clinical Details: Temp36.4 B.P.108 Pulse. 54
Signs & Symptoms: RISK FOR FALL
Date of Onset Illness :
○ Emergency ○ Work related ○ New visit ○ Follow up visit
Diagnosis: L56.9 - Acute skin change due to ultraviolet radiation, unspecified, R21 - Rash and other nonspecific skin eruption

Management plan (Services inside the clinic including injections and investigations)

85025, COMPLETE CBC W/AUTO DIFF WBC , Lab,0005-111805-1021, CHLOROHISTOL 10MG-(CHLORPHENIRAMINE MALEATE : 10 MG/ML) SOLUTION FOR INJECTION , Pharmacy,96372, THER/PROPH/DIAG INJ SC/IM , Co.Pay,9, Consultation Gp , General Consultation

Doctor's Name: Humaira signature with seal:

Dr. Humaira Mumtaz
General Practitioner
DHA No: 54155530-002
CITICARE MEDICAL CENTER LLC
DUBAI - U.A.E.

Diagnostic Procedures referred outside:

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical services on my behalf and I confirm that the above-mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy or any other person who has provided medical services to me to furnish any and all information with regard to any medical history, medical condition, or medical services and copies of all medical and Clinic records.

Signature of the Patient

Date 04-Jan-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity	Price
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	7	0.0000
(PREDNISOLONE : 5 MG) TABLETS	TABLETS (200S, BLISTER PACK)	7	7	0.0000
(BETAMETHASONE : 0.05%) OINTMENT	OINTMENT (15G, TUBE)	7	1	0.0000
(DOXYCYCLINE : 100 MG) CAPSULES (HARD GELATIN)	CAPSULES (HARD GELATIN) (10S, STRIP)	7	7	0.0000
(THIAMINE (VITAMIN B1) : 100 MG/3 ML) (PYRIDOXINE (VITAMIN B6) : 100 MG/3 ML) (VITAMIN B12 : 1 MG/3 ML) INJECTION	INJECTION (3ML X 3, AMPOULE)	30	30	0.0000
(PYRIDOXINE HYDROCHLORIDE : 200 MG) (CYANOCOBALAMIN : 200 MCG) (THIAMINE : 100 MG) SUGAR COATED TABLETS	SUGAR COATED TABLETS (90S, BLISTER)	30	1	0.0000
(CETIRIZINE HCL : 10 MG) FILM COATED TABLETS	FILM COATED TABLETS (10S, BLISTER PACK)	7	1	0.0000
(CALAMINE : 15 G/100ML (ZINC OXIDE : 5 G/100ML (PHENOL : 0.5 G/100ML (BENTONITE : 3 G/100ML LOTION	LOTION (1S, PLASTIC BOTTLE	7	21	6.0000